

**South Carolina Department of Health and Human Services
USC PRELIMINARY FINDINGS**

(REVIEW SAMPLE)

☐ Initial Finding

☐ Revision

DHHS Form 947 Response Required

☐ Yes

☐ No

<p>To: _____ _____ County DHHS</p> <p>From: _____ USC Reviewer</p> <p>Date: _____</p>	<p>Please review this case to make appropriate corrections and determine what effect this information may have on the current case status. A DHHS Form 947 must be submitted via GroupLink to the Bureau of Eligibility, Enrollment and Member Services <u>within 15 days of the date on this letter</u></p> <p>If you have any questions/concerns, please contact Tanya King in the Division of Policy and Planning by telephone at 803-898-3963 or by email at KINGTAN@scdhhs.gov.</p>
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Review Type: <input type="checkbox"/> MEQA <input type="checkbox"/> PERM	EQA# _____	
Case Name: _____	PCAT: _____	
HH#: _____	BG#: _____	
EW Who Took Action: _____	Current EW _____	
Sample Month: _____	Review Month: _____	
<input type="checkbox"/> Eligibility Error	<input type="checkbox"/> Technical Error	<input type="checkbox"/> Both

REVIEW FINDING		
ERROR CITED		
EXPLANATION OF ERROR		
SCHEDULE CODE:	RESPONSIBILITY:	RESPONSIBILITY:

REVIEW FINDING		
ERROR CITED		
EXPLANATION OF ERROR		
SCHEDULE CODE:	RESPONSIBILITY:	RESPONSIBILITY:

ADDITIONAL INFORMATION